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INTRODUCTION

Non-adherence in Heart Failure patients leads to hospital admissions, re-admissions and fatalities. The Morisky scale may be adequate in some clinical scenarios, yet the score is selected by balancing sensitivity and positive predictive values.¹

OBJECTIVES

- To develop a novel tool to measure patient adherence to treatment. The tool is targeted to have good internal consistency through an extended response scale.
- To psychometrically evaluate the questionnaire
- To measure treatment adherence and analyse the plausible scenarios

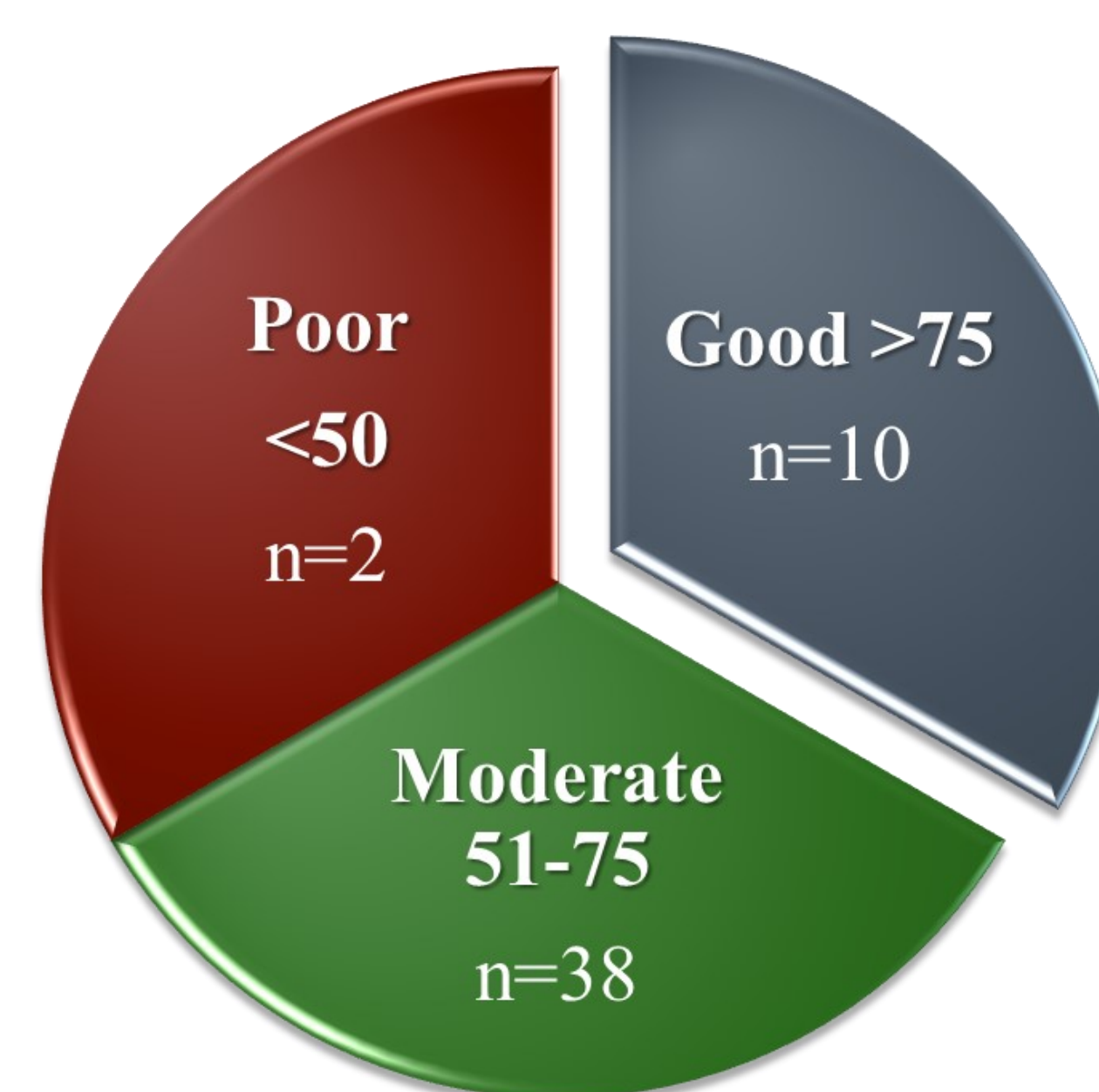
METHODS

- The adherence questionnaire was developed using a 6-point Likert scale ranging from 0-5 to capture the patients' perception regarding treatment for sensitive conditions such as Heart Failure.
- The tool is a 13 domain questionnaire with 12-single items and a question consisting of 7 subsections addressing patients and tackling appropriate medicine use, condition knowledge, self-care, access to care, and communication. The scoring for sections A and B is different to facilitate comprehension.

- A high score indicates a high adherence and both sections are summed to achieve a maximum score of 100.
- The questionnaire was developed in Maltese: *Kwestjonarju għall-Użu tal-Mediċina u l-pazjent (KUMP)*; and forward translated into English: 'Treatment Adherence Questionnaire (TAQ)'.
• The questionnaire was tested for face and content validity, inter-rater reliability and applicability.
- Implementation followed via interviews with Heart Failure patients chosen through convenience sampling within an acute hospital ward setting.

RESULTS & DISCUSSION

- The tool's good content coverage, acceptable item properties resulted in positive expert review ratings with good reliability ($p < 0.05$) and applicability (9 minutes) scores.
- Fifty heart failure patients were interviewed (mean age 75; range 44-93years). The mean treatment adherence score was 66% (Figure 1).
- Out of 46 patients receiving medicines on the national health scheme, 3 confirmed that they were confused with their prescribed medicines needing a follow-up; and 2 were buying other related medicines. Five patients ($n=50$) confirmed that they had stopped taking a particular medicine, with three being re-admitted to hospital.



Mean score = 66%
Worst to Best = 0-100
Moderate Adherence
Range = 40-89
n=50

Figure 1: Treatment Adherence Questionnaire Scores

A poor adherence is assigned a score range less than 50; a moderate adherence is between 51-75 and a good adherence falls above 75 with the best score being 100 and the worst score being 0. The mean score was 66% ($n=50$; $sd=10.3$) indicating moderate adherence (51-75) with a range of (40-89).

CONCLUSION

The novel tool was simple and practical to be implemented in the hospital scenario providing insight to specific reasons for patient non-adherence. One-fifth of the interviewed patients had good adherence.

Reference

1. Shalansky SJ, Levy AR, Ignaszewski AP. Self-reported Morisky score for identifying nonadherence with cardiovascular medications. *Ann Pharmacother.* 2004; 38: 1363-1368.